

Please complete this form, together with your resume and send:

By mail: Bud Cowsert, Director of Operations  
2915 Classen Blvd., Suite 500  
Oklahoma City, OK 73106

By Fax: Bud Cowsert, Director of Operations 405-488-6111

By email: (don't forget to attach an electronic signature)

[bud.cowsert@laok.org](mailto:bud.cowsert@laok.org)

## I. Personal Information

Legal Aid Services of Oklahoma, Inc. is an equal opportunity employer. We do not discriminate against any applicant or employee because of handicap, race, color, religion, sex, age, sexual orientation, or national origin.

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ OK Drivers License Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ FAX Number: \_\_\_\_\_

In case of emergency please notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## II. Position(s) Sought

Position title and office(s) desired:

\_\_\_\_\_  
\_\_\_\_\_

Legal Aid serves non-English speaking clients. Do you have any language skills other than English? If so, describe:

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Do you have any commitments to a client or another employer that might affect your employment with us?

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Do you have any relatives employed by Legal Aid or that serve on our Board of Directors?

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Salary Desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

**III. Education**

High School and City/State: \_\_\_\_\_

College: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

GPA: \_\_\_\_\_ Degree: \_\_\_\_\_

Law School/Graduate School: \_\_\_\_\_

Area of Concentration: \_\_\_\_\_ GPA/Class Standing: \_\_\_\_\_

Degree: \_\_\_\_\_ Other: \_\_\_\_\_

List any college or high school activities. [You may exclude those that indicate race, creed, national origin, sex, age or handicap.] \_\_\_\_\_

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Are you presently in school? \_\_\_\_\_ Credit Hours: \_\_\_\_\_ Day or Night: \_\_\_\_\_

Degree Sought: \_\_\_\_\_

**IV. Employment History – Please List Most Recent First**

**NOTICE TO ATTORNEY APPLICANTS:** Please be specific and describe whether work included litigation and/or transactional work. Also, describe the substantive areas of practice during the employment described below. Provide the approximate percent of your time devoted to each substantive area of work. Attach additional pages if needed in order to identify all legal employment history.

1. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Describe Work: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Period of Employment (month/year): From \_\_\_\_\_ To \_\_\_\_\_

2. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Describe Work: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Period of Employment (month/year): From \_\_\_\_\_ To \_\_\_\_\_

3. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Describe Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Period of Employment (month/year): From \_\_\_\_\_ To \_\_\_\_\_

May we contact your former employers? \_\_\_\_\_

**V. Military Service Record**

Were you in the military? \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Rank at separation: \_\_\_\_\_ Briefly describe your duties and training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VI. Admission to Practice**

Courts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of Admission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever failed a bar examination? \_\_\_\_\_

Have you ever been, or are you now, the subject of bar or other professional disciplinary proceedings? \_\_\_\_\_

Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a crime (other than traffic) in the past 10 years? \_\_\_\_\_  
Please Explain: \_\_\_\_\_  
\_\_\_\_\_

**VII. References We May Contact - Omit Employers or Relatives**

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact your references? \_\_\_\_\_

**VII. Other Supportive Information**

Please include any information you think would be helpful to us in considering you for employment, such as skills, interests, other work experience, awards, etc. You may exclude all information indicative of age, sex, race, religion, color, national origin, sexual orientation, or handicap.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## AFFIRMATION OF INFORMATION

I affirm that the information provided on this application and accompanying resume, if any, is true and complete to the best of my knowledge. I understand that any misrepresentation by me of information may be cause for non-employment or immediate dismissal.

I authorize Legal Aid to thoroughly investigation my references, work record, education and other employment related matters. I further authorize my references and employers (former and present) to discuss information about my character and work record except for the following:

\_\_\_\_\_

\_\_\_\_\_

I hereby exonerate Legal Aid Services of Oklahoma, Inc. and its employees or agents, and any persons providing information to Legal Aid from any liability.

It is further understood that proof of U.S. citizenship or U.S. resident status and a birth certificate may be required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Voluntary Affirmative Action Information**



We consider applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, marital status, sexual orientation, age, physical and medical disability, veteran status, or any factor prohibited by law.

In an effort to comply with record keeping and other government or funding agency requirements, we ask that you complete this applicant data survey. Completion of the survey is optional and voluntary. Your consideration of our request is appreciated.

Name: \_\_\_\_\_

Positions sought:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

**Check one:**

Male \_\_\_\_\_ Female \_\_\_\_\_

**Check one of the following ethnic groups:**

Native American/Alaskan Native \_\_\_\_\_

Asian/Pacific Islander \_\_\_\_\_

Hispanic \_\_\_\_\_

Black \_\_\_\_\_

White \_\_\_\_\_

Other \_\_\_\_\_